



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/449,096 Filing Date November 24, 1999 First Named Inventor Bernard Ackerman Art Unit 3763 Examiner Name Catherine Serke Williams
Total Number of Pages in This Submission		Attorney Docket Number 409897

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request For Continued Examination (RCE) Transmittal, Request To Change Attorney Docket Number, Statement Under 37 CFR 3.73(b), Certificate of Mailing, Return Post Card
Remarks <hr/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert J. Lambrechts LATHROP & GAGE LC		
Signature			
Date	April 22, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being transmitted to the USPTO by depositing with the United States Postal Service with sufficient postage as express mail (Label No.: EV00878386US) in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sharon Schenk		
Signature			
Date	April 22, 2004		

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**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Bernard Ackerman

Matter No.

409897

Serial No.	Filing Date	Examiner	Group Art Unit
09/449,096	November 24, 1999	Catherin Serke Williams	3763

Invention Single Lumen Balloon Catheter Apparatus

I hereby certify that this Transmittal Form (1 page); Request For Continued Examination (RCE) Transmittal (1 page in duplicate); Petition For Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate); Fee Transmittal For FY 2004 (1 page in duplicate); Power of Attorney and Correspondence Address Indication Form (1 page); Statement Under 37 CFR 3.73(b) (1 page); Request To Change Docket Number (1 page); authorization to charge \$440.00 (\$55 for the extension fee and \$385 for the RCE fee); authorization to charge additional fees that may be required, or credit any overpayment, to Deposit Account No. 12-0600; and return post card are being mailed in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22th day of April, 2004.

Sharon Schenk

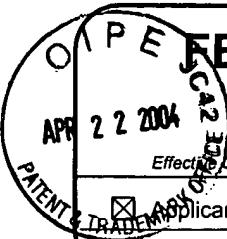
Name of Depositor

Sharon Schenk

Signature of Depositor

EV008783860US

Express Mail Label No.



FEES TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 440)

Complete If Known	
Application Number	09/449,096
Filing Date	November 24, 1999
First Named Inventor	Bernard Ackerman
Examiner Name	Catherine Serke Williams
Art Unit	3763
Attorney Docket No.	409897

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-0600 Deposit Account Name: LATHROP & GAGE LC				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code (\$)</td> <td></td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> </tr> <tr> <td>1254</td> <td>1480</td> <td>2254</td> <td>740</td> </tr> <tr> <td>1255</td> <td>2010</td> <td>2255</td> <td>1005</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> </tr> <tr> <td>1453</td> <td>1330</td> <td>2453</td> <td>665</td> </tr> <tr> <td>1501</td> <td>1330</td> <td>2501</td> <td>665</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="4">SUBTOTAL (3) (\$ 440)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code (\$)		1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1480	2254	740	1255	2010	2255	1005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1,510	1452	110	2452	55	1453	1330	2453	665	1501	1330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 440)			
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Robert J. Lambrechts	Registration No. (Attorney/Agent)	46,854	Telephone	(816) 460-5814
Signature			Date	April 22, 2004	

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